

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011356

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 733 Primary Registration District No. 3022 Registrar's No. 44

STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0411

2 0411

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4 0

5 2

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9 4221

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12 1-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Bethany

Length of stay in 1b  
85 yr

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Noll Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Harrison

c. CITY OR TOWN Bethany Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
517 S. 20th Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last  
(Type or print) Oliver Chelton Hendren

4. DATE OF DEATH Month Day Year  
3-30-1963

5. SEX  
male

6. COLOR OR RACE  
white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
12-10-77

9. AGE (last birthday)  
85

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
3 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Farmer

11. BIRTHPLACE (City and state or country)  
Harrison County

12. CITIZEN OF WHAT COUNTRY  
U.S.

13a. FATHER'S NAME

George Wahington Hendren

13b. MOTHER'S MAIDEN NAME

Isabel Angeline Kelly

14. NAME OF HUSBAND OR WIFE

Elizabeth Susan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

[redacted]

17. INFORMANT

Garvin Hendren, Bethany, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular accident

INTERVAL BETWEEN ONSET AND DEATH

10 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:

DUE TO (b)

Arteriosclerotic cardiovascular disease

Unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-3-62 to 3-30-63 and last saw him alive on 3-30-63  
Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
J.B. Titmarsh M.D.

22b. ADDRESS  
Bethany, Mo.

22c. DATE SIGNED  
4-1-1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-1-1963

23c. NAME OF CEMETERY OR CREMATORY

Morris Chapel

23d. LOCATION (City, town, or county)

Bethany, Mo.

24. FUNERAL DIRECTOR

M.B. Haas

ADDRESS

M.B. Haas, Bethany, Mo.

25. DATE RECD. BY LOCAL REG.

4-1-1963

26. REGISTRAR'S SIGNATURE

Jella Mayes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3899

P. O. Address Bethany Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.